Handbook for

HEART HEALTH STRATEGIES IN RURAL COMMUNITIES

Heart of the Land Project

The Alberta Heart
Health Project
1999

Heart of the Land

ALBERTA HEART HEALTH PROJECT

Alberta HEALTH

Heart Health Strategies in Rural Communities

Handbook #1 in the
Heart of the Land Series

This manual is a product of

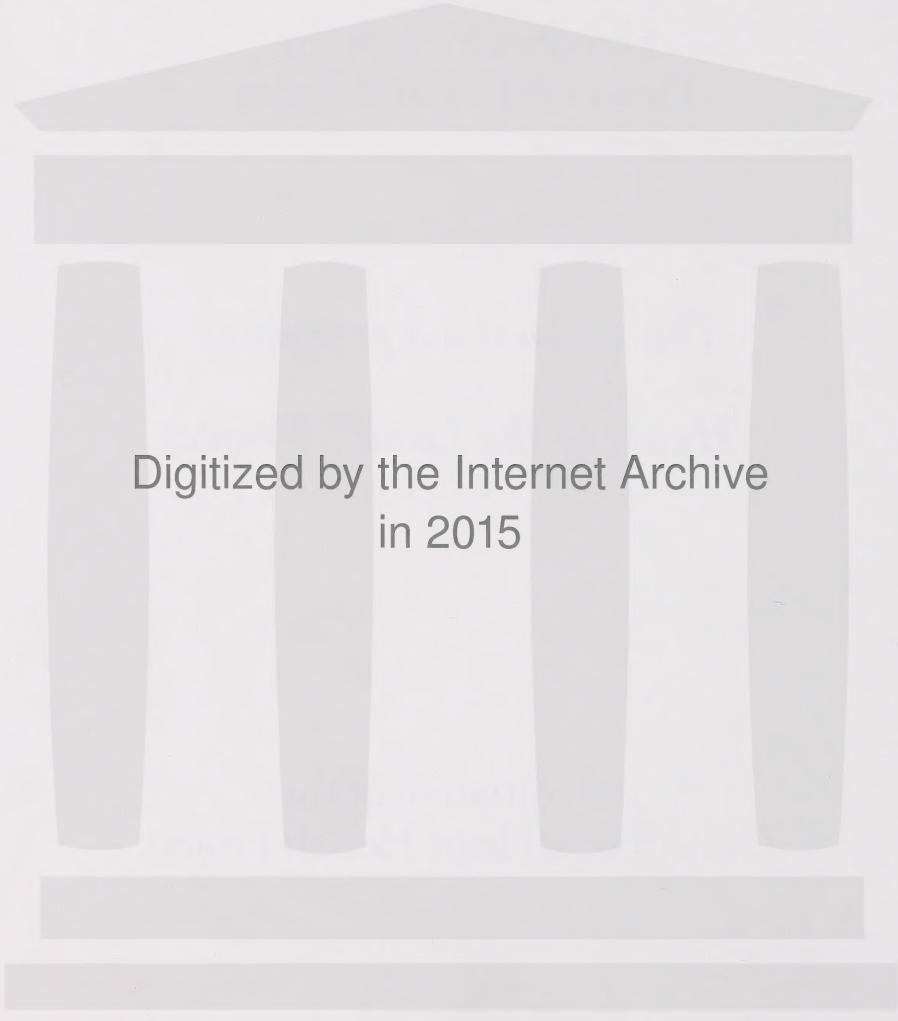
"Heart of the Land" Project

An initiative of the
The Alberta Heart Health Project

Heart of the Land

ALBERTA HEART HEALTH PROJECT

ISBN 0-7785-0226-0



PREFACE
THE ALBERTA HEART HEALTH PROJECT

Cardiovascular disease, the leading cause of premature death among Albertans, has a severe impact on the quality of life in Alberta. More than half of adult Albertans have an elevated risk of developing cardiovascular disease. A 1990 Alberta Heart Health Survey indicated that 57% of the adult population exhibited one or more of the three major heart health risk factors: high blood cholesterol, high blood pressure, and use of tobacco. If physical activity is also included as a major risk factor, the percentage of adult Albertans at risk increases to 72%. The survey also made it clear that greater heart health awareness and community involvement in heart healthy activities are needed before Albertans can take primary responsibility for preventing the disease. For these reasons, Alberta Health decided to participate in the Canadian Heart Health Initiative (CHHI), a nationwide impetus to encourage provincial health systems to explore strategies for mobilizing community resources and enhancing community participation in heart health promotion activities. In 1993, the Alberta Heart Health Project (AHHP) was launched, being jointly funded by Alberta Health and Health Canada.

The primary objective of the AHHP was to promote heart-healthy lifestyles by facilitating and evaluating community-based initiatives that may reduce the risk of cardiovascular disease in Alberta. The demonstration phase (1993-1997) was an investigation of strategies for enhancing heart health promotion in diverse communities. The four demonstration sites were: a comprehensive school health project in the City of Calgary; a large urban workplace site in the City of Edmonton; small rural clusters surrounding the City of Red Deer; and the urban/rural towns of St. Paul and Bonnyville. The common aim of research at these sites was to document community involvement in heart health promotion and to understand the elements that constitute the readiness and capability of rural and urban settings to adopt heart health initiatives. Project volunteers worked to accomplish this goal through awareness and education about heart disease, and by creating an environment that supports heart healthy lifestyles. Community leaders participated as partners with project researchers to implement and sustain their shared goals for heart health promotion activities in the demonstration sites.

Project researchers investigated the following questions: What motivates communities to become involved in heart health activity? How can community-based interventions facilitate the adoption of heart healthy lifestyles? Did the demonstration projects develop heart health promotion models useful to other communities? The results of the evaluation were encouraging. The AHHP has provided useful information about how heart health activities can be sustained by integrating vision, leadership, resources and support into the health system. This valuable experience has provided Alberta Health, participating Regional Health Authorities and other organizations, with strategies for implementing workplace heart health initiatives, as well as with knowledge for disseminating heart health promotion to Albertans.

"Heart of the Land" was the name of on demonstration site in the AHHP. This project was based in small rural communities in central Alberta and especially explored methods to assess and evaluate community capacity, i.e., the extent to which a community and its agency partners can develop, implement and sustain actions for strengthening community health. Several elements of community capacity were identified. An integrated model was developed linking these key elements of community capacity with heart health promotion strategies and with determinants of health. The ***Heart of the Land Series*** consists of three handbooks: *Handbook for Heart Health Strategies in Rural Communities, Handbook for Building Community Capacity and Handbook for Assessing Community Capacity.* These resources are based on experiences and learnings in the Red Deer project, and they are meant to assist health and community project organizers in planning, implementing and evaluating health promotion initiatives.

Acknowledgements

Financial support for this project was received from Health Canada through National Health Research and Development Program (NHRDP), Alberta Health and David Thompson Health Region. We would also like to acknowledge the guidance and support provided by Dr. Michael Bopp and Dr. Ron Labonte in helping us to conceptualize and operationalize community capacity building for this project. Dr. Rudy Dressendorfer, AHHP Coordinator, and Keith McLaughlin, Co-Investigator, AHHP provided editorial input.

For more information about the "Heart of the Land" Project contact:
Director, Research & Evaluation
Regional Public Health
David Thompson Health Region
Red Deer Community Health Centre
2845 Bremner Avenue
Red Deer, Alberta
Canada, T4R 1S2
Tel: (403) 341 - 2172
Fax: (403) 341 - 2167

For more Information about the Alberta Heart Health Project visit the Alberta Heart Health Website: www.health.gov.ab.ca

For copies of the Handbooks contact:
Alberta Heart Health Project
Alberta Health
18 Flr., 10025 Jasper Ave
Edmonton, Alberta
Canada T5J 2N3
Tel: (780) 415 - 2837
Fax: (780) 427 - 2511

Heart of the Land Project

Site Team

Donna Thompson
Lori Baugh Littlejohns
Maureen Coe
Elfie Newman
Pauline Dusyk
Sylvia Rodrigue

With the Action for Health Team

Neale Smith
Kathy GermAnn
Connie Reichel
Lois Tallas
Donnie Tafts
Judy Stauffer
Marian George

Former Team Members

Janice Wolter
Joan Wahl
Gail Foreman
Lynn Stegman

CONTENTS

SECTION 1
PURPOSE OF THIS HANDBOOK

Purpose of this Handbook

Many valuable lessons were learned during the Heart of the Land Project in rural Alberta. The purpose of this first handbook in the Series is to share our experiences, toward assisting health promoters in mobilizing their heart health initiatives. Secondly, the project gave us the opportunity to explore and discover community based strategies and methods that we would recommend to others. Hopefully, our experiences will help health promoters to develop and implement effective rural projects.

It was the second point that provided us with the most excitement. The lessons we learned have been rewarding and have impacted many aspects of our continued work in health promotion. We hope you find this handbook useful in the three main areas of program development: planning, implementing and evaluating. We deal specifically with heart health strategies, however, the information can apply to other health promotion projects in rural communities.

This handbook is divided into eight sections. The next one, **Section 2 - STARTING POINTS**, deals with some ideas we recommend you address before implementing any heart health strategies. These recommendations are born from our experience and hopefully will give you the advantage to identify and address things that we did not anticipate.

Following this, **Section 3** sets out the context for our work by giving you some background information on Heart of the Land and the Alberta Heart Health Project.

Section 4 -WORKING WITH RURAL COMMUNITIES identifies key points for you to consider when working in a rural area. We describe the Heart of the Land communities, address general issues we encountered when working with rural communities, and then relate lessons learned.

Section 5 - THE STRATEGIES addresses in detail specific activities that we either implemented in Heart of the Land or now recommend that you consider. In each section, we attempt to provide you with fundamental information we determined to be best practice and then describe our experiences in implementing the particular strategy. These descriptions are then followed up with key lessons.

The nine strategies covered in Section 5 are:

1. Organizing a community network
2. Building partnerships
3. Involving volunteers
4. Screening individuals for heart disease risk
5. Educating the community about heart health
6. Facilitating community health promotion
7. Establishing media communication
8. Developing support groups
9. Advocating for heart healthy public policies.

At the end of each of these sections we have included a list of potential Output and Outcome measures you might consider for evaluation purposes. Hopefully, you will find these lists valuable for evaluating the results of your project right from the start. Any strategy, whether it fails or succeeds, has a lesson. Those lessons should be recorded and passed on.

Section 6 - CHOOSING STRATEGIES AND SUSTAINING YOUR EFFORTS focuses on our recommendations for firming up your plans and maximizing your results. Throughout this handbook we have tried to share our ideas about planning and implementing heart health strategies for your community. The final section will help you to choose the best strategies for your community along with the desired outcomes that will reflect your vision of heart health.

Included at the end of this handbook are two sections: **Section 7 - GLOSSARY** offers definitions of some words and phrases that we used in this handbook; **Section 8 - REFERENCES** provides a list of resources that were cited to support our views.

SECTION 2
STARTING POINTS

Starting Points

Heart of the Land originated as a demonstration site launched by the Alberta Heart Health Project. This mandate influenced how our research project was planned, implemented and evaluated.

In the early stages of **Heart of the Land**, we targeted changing individual behaviour related to three heart disease risk factors - fat content in diet, level of physical activity and tobacco use. In this handbook, we list the strategies that we implemented to accomplish this, however, some of the most important lessons we learned were in the building of community capacity. The other two handbooks in this series are devoted to the topic of community capacity. Community capacity can be described as the community's ability to implement effective and sustainable activities.

When we began writing this handbook we found that something was lacking when we focused only on the heart health strategies. We realized that we needed to step back and set the stage for why and when we would implement these strategies if we were to do the project again. What was missing was a discussion of important elements to consider when building a strong foundation from which to implement heart health strategies.

This exercise forced us to critically reflect on the project and set out the steps we would take. We hope this section helps you to construct a foundation from which you can implement the most effective and sustainable heart health promotion activities.

Every community will be different in what strategies are used and how they are implemented.

However, to ensure that the outcomes are the most effective and sustainable, there are certain steps that need to be taken before any implementation occurs. The steps are:

1. Create a vision
2. Develop your mission
3. Assess your resources
4. Brainstorm your strategies
5. Explore your expectations
6. Describe your desired outcomes

Taking these steps essentially leads you to address project evaluation from the very beginning of planning. The following steps should help you to focus the project and to make necessary connections.

1. Create a vision

This first step is vitally important to achieving the most effective and sustainable strategies. In our work we learned, through a focus group in the final year of the project, that community members did not start with a shared vision for heart health. Increasingly we have come to understand that people need a shared vision to:

- inspire and motivate action
- offer direction or a beacon
- know that others are working towards the same purpose

The main task of project organizers is to help create a clear and compelling vision for the preferred future. Statements such as "everyone participates in physical activities that they enjoy," "families are seen out playing together," "none of our teenagers smoke," and "low fat foods are readily available in our restaurants" might be part of a vision statement. Ideas for creating a shared vision event can be found in the second handbook in our series - Handbook for Building Community Capacity.

2. Develop your mission

After creating a vision you now need to develop a concise mission statement. This statement should be short and worded so community members and professionals can talk about it with confidence and understanding.

The mission statement must clearly reflect what it is that you want to do. For example, "We will support our community members in adopting a heart healthy lifestyle." This mission statement reflects the notion of supporting people in changing behaviour. Another example might be "We will work toward ensuring that our community is a heart healthy place to live, work and play." This mission shifts the emphasis to creating and advocating for community level changes. The mission statement should be based on the vision and clearly reflect the type of actions that project organizers need to take.

3. Assess your resources

This third step is grounded in our project experience. Assessing your resources is a preliminary step we believe you need to take before you can adequately state what your inputs are to the project strategies. Inputs are another way of stating what will go into ensuring that the strategies have the best chance of success. Project organizers must realistically look at all resources available. Some main areas to assess are:

- number of volunteers and health and human service professionals and amount of time they can devote
- availability of information
- funds available
- amount of in kind support organizers might expect (e.g. use of facilities)
- availability of leadership

The key is to realistically assess these types of resources so you don't set yourselves up for taking on too much. If you don't spend the time to critically review what resources are available, you and your project organizers can easily fall

into the trap of being overly ambitious. When the project comes up short, you'll hear, "We took on too much."

4. Brainstorm your strategies

We don't go into much detail here about choosing your strategies because much of this handbook identifies and describes various heart health strategies in considerable detail. We attempt to offer you practical ideas to help you decide which strategies are right for your vision, mission and resources. However, there are many other strategies that you might want to consider that are not described in this handbook. Let your imagination take over and think of as many possibilities as you can! This step permits you to creatively come up with the strategies that work and fit with your community and circumstances.

5. Explore your expectations

What we mean by exploring your expectations is to determine what outputs you hope for in relation to the strategies you have brainstormed. For the purposes of this handbook, we characterize outputs in terms of amount produced. In this context, outputs are really a numbers game. This means starting to think about how much you want to do in your project. Some examples are:

- number of people you'd like to screen for risk factors
- number of heart health presentations you might plan
- number of restaurants you would contact to discuss smoke free policies
- number of heart healthy cookbooks to be distributed.

These types of measurements are intended to provide you with a target and should be indicative of the fruits of your labours. They act as guides and they provide you with tangible evidence of your efforts. The project's outputs should be clearly linked to your vision and mission and, as a result, will point toward your desired outcomes.

6. Describe your desired outcomes

This can be tricky but we believe it is very important to do this before you begin to implement strategies. We suggest that you review your vision and mission statement with all people involved in the project to ensure that all are on board. Your outcomes should flow from these statements and should reflect the benefits from the project. Outcomes must indicate the change you want to see. Examples of outcomes are:

- greater awareness of why we should follow a low fat diet
- improved skill in cooking for low fat diets
- more smoke free policies in homes, workplaces and community buildings

- increased opportunities for community residents to participate in physical activities
- people are exercising at least three times a week

Outcomes can be immediate, intermediate or long term. We encourage you to identify some immediate outcomes that will help keep people interested and motivated to participate in the project. Identify some intermediate outcomes with benefits that you hope to demonstrate a little further on down the road. And finally, long term outcomes should complete the circle, so to speak. Long term outcomes should parallel your project's vision statement.

There are many excellent resource materials that can help you in the area of outcomes. One which we feel is particularly well laid out and easy to follow is *Measuring Program Outcomes: A Practical Approach* (1996) published by the United Way of America.[1]

SECTION 3
BACKGROUND TO HEART OF THE LAND

Background to *Heart of the Land*

Heart of the Land was part of the Canadian Heart Health Initiative (CHHI) and the Alberta Heart Health Project. CHHI was launched in 1985 and has supported provincial heart health surveys and 36 demonstration sites in 10 provinces across Canada. It identified that changes at the community level—both personal and environmental—must take place to improve heart health, and that the community level offers the best opportunities for lasting change.

All the projects within the CHHI were grounded in the principles of community participation and the mobilization of community resources. These principles reflect the understanding that broadly-based changes in the community are more likely to happen if the people close to the issues are involved in finding the solutions.

Alberta Heart Health Survey

The first phase of the Alberta Heart Health Project was carried out through the Alberta Heart Health Survey conducted in 1990. It was a population-based investigation of heart disease risk factor prevalence and awareness among Albertans 18 to 74 years of age. The survey found that 57 per cent of adults in Alberta had one or more of the main risk factors of heart disease - high blood pressure, smoking or elevated plasma cholesterol. When a fourth risk factor - physical inactivity - was included, this finding jumped to 72 per cent. The risk factors were higher among women and men living in rural communities, as compared with those living in towns or cities.[2] Heart disease is the leading cause of premature death in Alberta.

Demonstration Sites

The second phase of the Alberta Heart Health Project was the selection, implementation and evaluation of four demonstration sites to work toward reduced morbidity (illness) and reduced mortality (death) due to heart disease. The David Thompson Health Region of Central Alberta was chosen as one of these sites with a specific focus on community-based strategies targeting rural adults. The project ran for four years (1993-1997).

We selected rural community clusters of about 1,500 people each to phase into the project. In 1993 we introduced the project to the first community cluster, and in 1994 the second community cluster became involved. We had selected a third community to be included but because of limited resources, the project was not fully implemented there. We did, however, support some activities in the third community. This constitutes the first lesson learned—set realistic, achievable goals that can be adequately resourced.

Project Goals

The three goals of Heart of the Land were to:

1. Increase personal awareness and knowledge and change health behaviours.
2. Build linkages and structures to sustain heart health.
3. Enable communities to take action in support of heart health.

To achieve these goals, healthy eating, active living and tobacco reduction were emphasized because the 1990 Alberta Heart Health Survey determined rural residents in Alberta have a higher prevalence of overweight, smoking, and physical inactivity. Health promotion strategies implemented to accomplish these project goals included:

- Building partnerships
- Involving volunteers
- Screening individuals for heart disease risk
- Educating the community about heart health
- Using a facilitation role for the health professional
- Working with the media
- Developing support groups
- Advocating for healthy public policy

One strategy that was not implemented and that we would now recommend is the establishment of a community network (see **Section 5.1**).

Community Capacity Building Approach

To impact heart health at both an individual and community level, we believe that project organizers need to link heart health promotion strategies with a community capacity building approach. First we describe what our approach was and then we discuss what we would do differently. We would recommend that you refer to both the second and third handbooks in this series for more information about community capacity building.

For most of our work in **Heart of the Land**, the approach taken could be described as community mobilization. This means that the Alberta Heart Health Project team identified the issue (heart health) and project staff worked with community members and groups to reduce heart disease risk behaviours and to improve lifestyle.

For the first three years of our project a coordinator worked to mobilize community members and groups utilizing the strategies identified above. These strategies resulted in (a) an increase in participants' awareness and knowledge of risk factors and how to change these, (b) positive changes in personal health behaviours, and (c) changes to support healthy environments in the targeted communities.

A community capacity building approach was introduced in Year Four. This centred on the concept that the community needs to actively participate and take leadership in the identification of health needs and subsequent actions to address those health

needs. This approach embraces:

- Involving community members in planning, implementing, and evaluating heart health activities
- Integrating efforts aimed at changing individual behaviours and changing social and physical environments
- Linking heart health to broader community health concerns
- Utilizing existing resources in the community
- Building upon strengths and leadership in the community
- Entrenching successful activities into each unique community's way of life.[3]

Community Health Promotion Facilitators were essential in implementing this approach in each of the rural community clusters (see **Strategy 5.6**). In addition, a Heart Health Resource Group was organized in the health region to address the heart health education needs of the communities (see **Strategy 5.5**).

Through our experiences in **Heart of the Land** we found that the two approaches described above are complementary to each other. We did learn, however, that increased emphasis on community mobilization did not lead to increased community ownership of heart health. We did find that individual behaviours changed; however, sustained, community-wide commitment was not strong at the end of the project. It is our belief that a community capacity building approach is the underpinning to sustainability. If we were to do it all again, we would start from a capacity building approach.

SECTION 4
WORKING WITH RURAL COMMUNITIES

Working with Rural Communities

From our experiences and learning about rural communities, we'd like to share some ideas and observations that might help you in your work.

Rural communities differ from urban communities with respect to geographic, economic, and sociocultural characteristics. Geographic differences are more readily apparent; however, differences in beliefs and values may be less apparent. All characteristics are important to take into account when planning health promotion activities (see ***Handbook for Building Community Capacity*** for information on strengthening the experience of community).

Geography

The lower population density of rural communities (fewer people are distributed over a larger geographic area) directly affects communication and transportation patterns, interactions between families, friends and neighbours, and the availability of specialized services.[4] Rural communities are also diverse in terms of places of residence, occupational opportunities and economic influences. Rural residency is not necessarily synonymous with farm residency in that people also dwell in villages, towns or on acreages.[5]

Economics

The economic base for many rural communities is agriculture, although this is not always the case. Economic and natural resources such as lumber, petroleum and other industries may support the economy of a rural region. When farming is a primary occupation, seasonal changes affect availability of people to participate in activities.

Understanding the nature of farming as an occupation and its influence on health is important. Farming is one of the most stressful occupations.[6] Multiple stressors influence farm families today and they can be described as follows:

- The nature of farm work is physically taxing
- Physical injury is always a threat
- Geographical isolation may create hardships
- One has no control over weather and other unpredictable environmental factors; therefore loss of income is an ever present threat
- Younger members of the family who move to an urban centre may, at the very least, erode support systems, or even threaten the continuation of farm life within the family

Social and Cultural Characteristics

The sociocultural characteristics of people dwelling in rural settings may be described in terms of their actions, values and beliefs. Rural folk are described as being more self-

reliant than urban people. They are more apt to use family, friends and local groups (e.g., church groups) for support than more formal organizations. Rural people tend to maintain traditional family values such as those associated with gender roles (i.e., what is generally deemed appropriate for men/women to do). Women tend to be responsible for health and therefore women's organizations are a primary source of health education.

In comparison with urban communities, rural communities are slower to change traditional cultural values and to respond to media influences. Rural communities tend to prefer local and less formal policy decision-making as opposed to more organized, bureaucratic structures. In rural communities, people prefer to interact with others they know and perceive as similar to themselves as compared with those considered to be outsiders.[7]

Heart of the Land Communities

Each of the participating community clusters is unique; however, there are some commonalties. Two of the communities can be defined primarily by geographical landmarks. What we mean is no designated village or town exists and there are no schools, stores or post offices. Agriculture comprises the major economic base and several of the farm families have well-established roots in these communities. In addition to those who farm, there are a growing number of acreage dwellers. People commute to local towns for work, school, health and business services; however, a strong sense of community exists. They often gather at the community hall for celebration, support, and learning.

In the other communities, a small village or town exists in which there is a collection of small businesses, a few retail outlets, a school, post office, churches and a seniors' drop-in centre. A greater number of community-based services such as Family and Community Support Services (FCSS) are accessible in these towns. There are also a greater number of seniors who live in these towns compared with the more rural areas. Approximately 1,500 adults live in each of the two clusters.[8]

The values and beliefs in **Heart of the Land** community clusters are difficult to capture. Some of these values and beliefs did emerge in discussions at community meetings. At the end of the third year of **Heart of the Land**, we held a community meeting with each cluster to guide community members through a process of identifying factors that affect health and factors that community members most wanted to discuss. In one cluster the factors identified were adequate income, a healthy environment, education, and morals, values and ethics. Some themes that emerged from the community meetings included the need for local control over

decisions, the importance of self-help and entrepreneurship in the community, the need to recognize local positive role models and the need for greater access to information.

Comments we heard from community meeting **Participants**:

"The importance of being a role model here is ten times what it is in the city. We've got a real chance to make an impact."

"There is a sour gas well next to our place, half a dozen out in our area... We didn't have a choice in this."

"The biggest thing you can do to improve people's health is increase income"

Other aspects of the community meetings and discussions were revealing. The community had not been consulted, other than by invitation, about the focus or the process to be used for the group discussions. For many, the discussion was too abstract and the factors identified were deemed to be beyond the control of the community in many respects. There was some suspicion about a hidden agenda and outsiders coming in to conduct the sessions. This may have been fuelled by the dramatic cutbacks occurring in health care in the province at the time and the increased emphasis on individual and family responsibility for health.

Key Lessons

1. Involve the community in decision-making about the content and process of every meeting
2. Many rural folk are doers and prefer a task-oriented approach to planning.
3. It takes time to establish trust within the community.
4. Activities that were well received were those that were held in a local facility, that created social means for learning, and utilized familiar community members as volunteers.
5. The most effective education activities were those that were incorporated into existing community events.
6. With fewer people to draw from, the potential for volunteer burnout is high.

SECTION 5
THE STRATEGIES

STRATEGY 5.1
Organizing a Community Network

Community Network

"A coalition can maximize the power of individuals and groups through joint action. It can increase the 'critical mass' behind a community effort by helping individuals achieve objectives beyond the scope of any one individual or organization."[9]

What Is A Community Network

A community network is an organized group of people in a community who come together for a common purpose to plan, implement and evaluate a health promotion initiative. Community networks are essential and should be established early in the process of working with the community. We discovered that there are many reasons for doing this. Networks increase the chances of activating informal channels of communication within the community. They heighten community awareness and commitment, and they increase community ownership.[10] We learned it is important to clear and appealing vision and mission statement to attract and maintain the interest of busy people and to seek broad representation from community groups and organizations. Broad represention is instrumental in planning and implementing sustainable programs and aids in communicating with a variety of groups and organizations.

The establishment of a community network resembles what is commonly referred to in the literature as the development of a coalition. A coalition is defined as a multipurpose alliance of diverse groups or persons who agree to work together to achieve a common goal(s).[11] Generally the membership of a coalition consists of a coalition consists of representatives from a variety of organizations with a commitment to work in unity to accomplish a goal that would otherwise be difficult to achieve individually. A coalition may serve to share information, co-ordinate services, maximize resources, educate, and advocate.[12] In small rural communities there is a preference for less formal kinds of governance and people usually represent many community interests. Far these reasons we recommend that you use the term "network" instead of "coalition". We found it useful, however, to learn the hows and whys of establishing a network from the literature on coalition-building.

Heart of the Land experience

At the beginning of **Heart of the Land**, we did not create a formalized community network in either of the targeted community clusters. The communities indicated they did not want to form another community structure to support heart health. They felt a network would take too to long to get organized and would not be action-oriented. They suggested that **Heart of the Land** work individual community groups and our project staff followed their suggestion. Initially this worked to develop connections with community groups. Later in the project,

however, it became apparent that decision-making and ownership of heart health within the communities was limited and could have been enhanced by the development of such a network.

One **Participant** told us,
"We received a lot of direction... decisions of what we had at the screening clinic were made by the health staff... we went with the flow."

During the final year of the project, a heart health committee was formed in one community and greater community responsibility and ownership resulted. The committee consisted of the project staff, a town councillor, and several seniors and they planned a risk screening/wellness fair, healthy eating events and a volunteer recognition event.

A facilitator (project staff) worked with committee members and supported their efforts. The facilitator reported that initially there was an aura of confusion surrounding the role of the committee and the role of project staff. We believe that people were confused because project staff had taken most of the responsibility for risk screening clinics and other heart health activities during the first three years. We now know that this may have been avoided by clear identification of roles for the committee and project staff from the outset.

People were generally interested in serving in action-oriented roles rather than as planners and decision-makers and this seemed to influence the development of a network. Also, as the role of staff changed, actual personnel changed and this further contributed to confusion. Despite all this, the committee learned first hand how to plan a wellness fair and other activities and this resulted in building community ownership.

The **facilitator** wrote
"The commitment and responsibility felt by the community group for (the Heart and Welless Fair) was quite a new experience for this core group... The group experienced the various stages of team development... The last-minute uncertainties: the what ifs... can we do this... should we do more of this or that plagued some of the core committee members as they felt the impact of responsibility for the Fair. The community development process demonstrated the value and power of partnership opportunities within this community. This positive experience provides a strong foundation for a confident approach toward future community-based initiatives."

A **Community Member** said
"We were concerned in the last year because [we were] like children who did not want to be let loose. We were concerned that we were going to be let loose... we were able to see that there is light after this. We can continue."

In retrospect, the benefits of establishing a community network early on in the process are evident to us. A community network could:

- Ensure decision-making takes place at the community level
- Maximize community resources
- Enhance communication within the community and between project staff and the community
- Facilitate increased community ownership of heart health
- Minimize the effect of changes in project staff
- Help sustain heart health in the community

A **Project Volunteer** told us
"We definitely took our direction from the project, but I think that a lot of them (community people) that worked at it and really got involved in it as well had a certain extent of ownership in it."

Step By Step

We have developed the following list of ideas for developing and working with a community network:

- Have the community establish a network as a requirement for involvement in the project
- Involve champions—people who have a personal interest in heart health and those who have an interest in improving the heart health of the community
- Work with key champions to identify the role, responsibility, and membership of the network
- Ensure there is representation from as many community groups and agencies as possible to form a network
- Decide with the community whether a new network should be created or the responsibility for the project should be added on to an existing group. Be aware that in small communities the development of a new network may be difficult
- Expect that the structure of the network may differ greatly between communities as each community is unique
- Be prepared to bring new people and community groups into the network as time goes on
- Assist in uncovering and using community resources
- Engage the network in making key decisions from the beginning
- Help create opportunities for community participation and decision-making
- Facilitate discussion as to sharing leadership and developing partners
- Help create leadership development opportunities
- Support collaborative and consensus-building processes
- Ensure there is some continuity in the event of changes in project staff
- Discuss sharing accountability for the success of heart health strategies among network members

- Guide the network through a process of planning, implementing, and evaluating the heart health initiatives. Plan processes to create a shared vision and mission for heart health, to choose strategies, to communicate with the rest of the community, and to evaluate the initiative
- Celebrate successes right from the start to sustain the interest and motivation of action-oriented people

Key Lessons

1. Community networks play an important role in a sustainable health promotion initiative.
2. Utilize existing networks where appropriate.
3. Collaborative and consensus-building methods of decision-making are highly recommended.
4. Network members must have a shared vision and mission for the initiative.

Potential Output and Outcome Measures for Evaluating Community Networks

OUTPUT measures you might consider:

- Number of people involved in the network
- Number of different community interests represented
- Number of new people recruited.

OUTCOME measures you might consider:

- Increased knowledge of the network's vision and mission among community members
- Expanded and strengthened linkages with community groups that result in the effective implementation of strategies
- Expanded leadership opportunities among network members to champion health.

Strategy 5.2
Building Partnerships

Building Partnerships

"Effective partnerships recognize the diverse agendas present at the table, and are equally sensitive to the need for those agendas to be met. Building partnerships is more than muddling through; they require an analysis at the outset with clear statements of purpose."[13]

Partners can be described as people who can help you create or achieve something that you do not have the power or resources to create or achieve alone. More formally, building a partnership "is an active process, the informed, flexible and negotiated distribution (and redistribution) of power among all participants in the process for change for improved community health."[14]

In the **Heart of the Land** project, we focused on building and sustaining partnerships as opposed to developing community networks (see **Strategy 5.1**). From our experience, partnerships were establish with many groups and organizations, however, partners were not brought together to form a network.

Elements of Successful Partnerships

We discovered that certain elements lead to successful partnerships. Successful partnerships:

- Work toward collaboration
- Share a vision and have common principles
- Ensure there is a fit with mandates
- Have clear roles and benefits to all involved
- Value full participation and shared responsibility
- Ensure there is a free flow of information
- Increase awareness of community perceptions and issues
- Recognize and respect similarities and differences
- Have sustainable relationships
- Develop new partners in the community
- Are reviewed and renewed
- Celebrate successes[15]

Partnerships require flexibility. Partners must be able to adapt their perceptions and build on each other's strengths. The level and types of contributions may vary depending on the needs of the project. Partnerships may be ongoing with a long-term view or short in duration to match immediate needs.

Successful partners share the workload. Because there are variations in levels of contribution, perceived power between the partners may become a dividing factor. Working on building consensus and other collaborative processes, and focusing on the 'together' may help prevent power struggles between partners.

Community members have energy and commitment for taking on leadership roles for a project and are therefore critical partners. Making best use of the strengths of local resources is a crucial step to consider when seeking successful partnerships. The goal is to get people to work together. You need to work in partnership to use your community resources most effectively and wisely.

Why form partnerships?

There are three main reasons for forming partnerships:

1. Working together toward a common purpose builds ownership and commitment.
2. Partnerships broaden the base of resources available to a community.
3. Collaboration among people can broaden one's view of what's happening in our communities and promote the development of shared vision, mission and goals.

Heart of the Land experience

In the **Heart of the Land** project, there were more than 30 partners from a variety of sectors including agricultural societies, women's organizations, growers' associations and an association for lifelong learning. We described a partnership as a relationship based on shared responsibilities and working collaboratively on activities. Partners worked in different capacities providing expertise or resources to enhance heart health. They provided information, generated ideas and offered resources such as:

- Volunteers
- Sponsorship and funding
- Facilities and food
- Risk assessment supplies
- Advertising and promotion

One **Partner** commented
"We worked together to accomplish heart health in the communities."

Another **Partner** shared
"You learn a lot when you come together on these projects."

Significant in-kind contributions were made by these groups to enhance project funding and to implement community heart events. Through links with diverse groups, project staff began to learn about the cultures of the rural communities, their specific issues and interests, potential champions/leaders, and future linkages for heart health activities.

Many of our partnerships involved links with organizations more traditionally associated with health promotion projects. These included organizations representing the special interests of diabetes, mental health, and heart/stroke. Some links were with less traditional partners. Examples include a vegetable growers' co-operative, the government agriculture and rural development department, and libraries. These new and nontraditional partners brought a fresh outlook and perspective to heart health.

Project staff attended many ongoing community events and made linkages for heart health. Encouraging partnering and supporting local community events and activities was instrumental in establishing a trusting relationship between the project and the community.

Another **Partner** commented

"We need to collaborate with others. In this small community we have so few resources."

We think of rural communities as living things. They need nurturing and support to evolve and adapt to changing times to accommodate the people they support. Community partnerships need flexibility to adapt to trends and to allow ownership by those involved. Develop an attitude of active patience by doing what you can do now, and continue to seek opportunities to do more when the timing or funding is right.

Key Lessons

1. Involve partners as active participants in planning, implementing and evaluating health promotion projects.
2. Create partnerships with diverse groups and organizations.
3. Develop a shared vision for heart health.
4. Recognize that some partnerships will be of short duration and that is OK.
5. Partners must be able to identify benefits of their participation.
6. Recognize partners publicly for their participation.

Potential Output and Outcome Measures for Evaluating Partnerships

OUPUT measures you might consider:

- Number of partnerships
- Number of activities in which partners participated
- Number of resources made available by partners

OUTCOME measures you might consider:

- Increased participation of partners in planning, implementing and evaluating strategies
- Increased resource sharing among partners to support strategies.

Strategy 5.3
Involving Volunteers

Involving Volunteers

"There was no shortage of volunteers in the project."

-project participant

Volunteers are one of the most valuable resources and important strengths a community has. Volunteers are a vital, renewable resource that keeps the community spirit alive. However, many rural communities struggle to keep this resource growing as younger members of the community leave, often to continue education and to follow careers. Many rural communities share the problem of volunteer burnout.

Heart of the Land experience

In our project, a volunteer was defined as someone who worked without compensation from the project or their agency to help with specific activities. Many volunteers came from informal community groups and agencies that partnered with the project.

We had more than 600 volunteers involved in a variety of capacities. Volunteers were instrumental in activities such as:

- Working at the risk screening clinics/ wellness fairs
- Writing articles for community newsletters
- Conducting media interviews
- Organizing fitness adivities like walking clubs and aquasize classes
- Co-ordinating smoking cessation support groups
- Preparing recipes for grocery bags
- Organizing heart smart cooking classes and grocery store tours
- Co-ordinating heart health displays
- Designing promotional materials

Volunteer training

We tried to make sure volunteers had many opportunities for learning and personal growth. The "train the trainer" concept worked well in our project—volunteers used their new knowledge and skills to train other volunteers after the first year. This type of training seemed to enhance volunteers' personal growth and to increase their sense of ownership and commitment toward project activities. Training was provided for all volunteers, community members and professionals alike, regardless of the task.

We found many positive benefits to having local health care professionals volunteer (i.e, not paid) on project activities. These volunteers brought trust and credibility to the project as well as offering valuable knowledge about the community. This made education strategies more effective in rural communities. These professionals continue to be supportive and as a result they build and strengthen the sustainability of heart health.

A project **participant** commented *"It was a good thing to involve the nurses who live in our community"*

Volunteers were offered a choice of tasks depending on their interests. Assigning jobs was a sure way to lose volunteers. Often volunteers wanted to try their hand at something new. Their skills and interests were noted in a project inventory for each community. This built ongoing support and commitment. Volunteer participation in the risk screening clinics/wellness fairs was perhaps the most task-oriented and structured. Specific procedures were developed for the clinics including key messages that were to be communicated (see **Strategy 5.4** for detailed information).

The roles that volunteers assumed changed throughout the project. Some people demonstrated a greater level of independence as time went on by taking on increased responsibilities and identifying opportunities to integrate heart health into their communities.

Evaluation of volunteer participation indicated a high satisfaction level with their participation, training and experiences. Volunteers from the variety of community groups worked and learned together thus establishing a common bond.

Recognition

Volunteers were recognized for their contributions with T-shirts, certificates, thank you letters, lunches and cookbooks. Other events occurred for volunteer recognition. For example, one community held a community supper honouring all community volunteers including those with **Heart of the Land**.

Key Lessons

1. Involve volunteers in all aspects of planning, implementation and evaluation of activities.
2. Define specific volunteer tasks and let the volunteers decide which ones they want to do.
3. Provide adequate training opportunities for volunteers and consider a "train the trainer" program.
4. Volunteers often belong to many different groups in small rural communities so burnout can be a real issue.
5. Get local health professionals involved as they can be project ambassadors and champions.
6. Implement meaningful volunteer recognition strategies.
7. Link with other community-based volunteer recognition efforts whenever possible.

Potential Output and Outcome Measures for Evaluating Volunteer Involvement

OUTPUT measures you might consider:

- Number of volunteers involved
- Number of volunteer hours contributed
- Number of volunteer recognition events

OUTCOME measures you might consider:

- Increased knowledge and skills of volunteers
- Increased involvement of volunteers in planning, implementing and evaluating community health strategies
- Increased ability of volunteers to recruit and train others.

STRATEGY 5.4
Screening Individuals for Heart Disease Risk

Screening Individuals for Heart Disease Risk

"Risk screening clinics raised awareness and got people thinking. This resulted in education classes, farmers' market promotion and newspaper columns."

-project staff

Risk screening for heart disease is an important and effective strategy when a project is focused on changing the level of awareness and knowledge of individuals. The way in which risk screening is undertaken may vary but from the experience of many heart health projects around the world we know there are common elements. These include:

- Assessment of individuals' heart disease risk with respect to a number of different factors
- Education as to how an individual could change certain behaviours to reduce risk
- Recommendation for follow-up with a health professional where high risk is identified
- Information about local heart health education resources and programs
- Accessible local locations (e.g., community halls, schools)
- Use of volunteers in organizing the events and providing information[16,17]

Why do risk screening!

Risk screening activities are thought to increase participants':

- Knowledge of their own personal risk of heart disease
- Awareness of the links between their personal behaviours and heart health
- Ability to make changes in behaviours supportive of heart health
- Support of changes in the community to facilitate heart healthy choices

Risk screening activities alone are not effective in changing heart health within a community. These activities need to be implemented in conjunction with heart health education strategies (see **Strategy 5.5**) and actions that help create supportive environments.[18]

Heart of the Land experience

We began our project knowing risk screening had been widely used in other community-based heart projects. For the Heart of the Land project, we had four objectives for risk screening:

1. To assess the physiological (physical measures of the body; e.g., weight and blood pressure) and behavioural (actions, lifestyle or what we do) risks of participants at regular intervals throughout the project.
2. To refer participants at risk for high blood pressure and elevated serum cholesterol (a type of fat found in the blood) to a physician.

3. To increase awareness and knowledge of heart health among participants.
4. To engage the community to become involved in other heart health activities.

A Fair of the Heart

Risk screening clinics were called A Fair of the Heart because partners and volunteers wanted to convey to the community that these events had a social as well as an educational component. This name was considered friendly and inviting to all. Ten stations or booths were assembled at each Fair. Each station had a custom designed display board portraying key messages, interactive learning activities, handouts, and information on community resources. The stations were as follows:

1. **Welcome**
2. **Blood Pressure**
3. **Cholesterol**
4. **Healthy Eating**
5. **Active Living**
6. **Clean Air (Tobacco Reduction)**
7. **Inner Health (Stress Management)**
8. **Heart Healthy Snacks**
9. **Community Resources**
10. **Heart To Heart (Individual Consultation)**

A number of resources were developed to facilitate smooth implementation of the Fair of the Heart. These included:

- Volunteer Training Manual (each station has a comprehensive section including protocols for screening)
- Participant Consent Form
- Heart Health "Passport"
- Colourful and fun display boards
- Interactive learning activities
- Information sheets on Community Resources
- Physician Referral Form

Copies of these resources are available by contacting the David Thompson Health Region. The address is on the inside front cover of this handbook.

There were 14 **Fairs of the Heart** over the four years of the project where a total of 905 people were screened. People were self-selected, that is, they chose to participate. The Fairs were designed to accommodate approximately 100 participants in a six-hour period. Participants were free to spend as much time and visit the areas of most interest to them. The average time spent per participant was 1.5 hours. There was time to socialize and local community groups provided low-fat snacks.

Participants received a heart health "passport" at the Welcome Station in which their personal health data was entered at each station. Many participants used these passports at each Fair they attended in order to track their results over time.

Risk screening events were used as an entry point into the communities. These events created community interest, involved many

volunteers and partners, and provided participants with a personal heart health assessment. On the whole, community participants appreciated the fact that these learning events were held right within their own community. This is a key lesson from ***Heart of the Land***.

Challenges

The risk screening clinics proved to be very time intensive. Staffing required for these events was always a challenge, as each event required approximately 40 volunteers. There was little involvement by local physicians in the risk screening clinics. They were advised of the risk screening clinics and were invited to participate. They were also notified when one of their patients had elevated blood pressure or serum cholesterol levels.

The local agricultural society, school or community association provided the location for the events so this was not a problem. Timing of project events and activities, however, provided a challenge for the project. Because we worked in rural communities we had to co-ordinate events between and after seeding, harvesting and calving. As our project had a research mandate, the paperwork involved always seemed a daunting task.

Results

Risk screening clinics increased participants' awareness of the risk factors for heart disease. We surveyed people who participated in risk screening clinics at the end of the project and this is what they told us:

- More than 30 per cent reported that the project had increased their heart health knowledge
- Over 60 per cent reported they had made changes in their behaviour (particularly in the areas of healthy eating and active living)
- More than 50 per cent of those surveyed said the risk screening clinics contributed to the community's awareness of heart health[19]

However, there were no significant changes in risk factors among participants. These results were not surprising as we know from other community heart projects that it takes from six to ten years to see significant shifts in risk patterns.[20]

Fairs of the Heart provided a good vehicle for health education and reached a large number of people at the same time. Many participants told us that they appreciated the one-on-one interaction and felt the clinics were a safe and confidential environment for health education. Participants also reported that they liked the:

- Relaxed learning environment
- Quality and amount of heart health information they received
- Time that was spent with them

From **Participants** we heard:
"They're all talking about it - It was educational."

"Its nice not to have to travel for these programs"

"I never go to the doctor so I thought it was informative."

We discovered that the combination of the learning and the social atmosphere was successful in our rural communities. Most participants had a lot of at fun at these events and our evaluation indicated participants learned the most and made more changes in heart health behaviour after attending the first risk screening clinic than following attendance at subsequent screening clinics.

In the fourth year of the project, one community wanted another risk screening clinic. A facilitator worked with the interested group to expand the concept of wellness. The group was involved in all of the stages of this initiative and they added stations and activities that addressed other health issues (e.g., farm safety). The project staff was partners with the community group and provided technical and professional resources. The community group experienced a sense of ownership and increased confidence in their ability to take on and successfully carry through the event.

Partners commented:
"I liked the well rounded approach at all the (risk screening) stations. It was a chance to let people learn in a fun, active non-preaching way."

"We have learned that a blood pressure check is necessary for all ages."

"I didn't know what to expect. Risk screenings were very professional. Community people were impressed."

Key Lessons

1. Heart health risk screening clinics are a good way to increase knowledge and awareness about individual lifestyle behaviour.
2. Begin a heart health project with a risk screening clinic/wellness fair and then quickly move on to engage the community in other activities.
3. Plan to have the clinics within the community so people don't have to travel far.
4. Use the knowledge, skills and resources of the community.
5. Many potential partnerships and volunteers will be attracted to the task-oriented work involved in risk screening clinics/wellness fairs.
6. Create a fun and festive atmosphere and allow for social time at events.

Potential Output and Outcome Measures to Evaluate Risk Screening Clinics

OUTPUT measures you might consider:

- Number of participants
- Proportion of those referred to their physician and actually go
- Number of participants who are under/over 40.

OUTCOME measures you might consider:

- Increased knowledge of risk factors related to heart disease of participants
- Improved heart health behaviours (e.g. smoking, eating, physical activity) of participants
- Increased involvement of participants in community activities to support heart health

STRATEGY 5.5
Educating the Community about Heart Health

Educating the Community about Heart Health

"Health education provides the consciousness-raising, concern-arousing, action-stimulating impetus for public involvement..." [21]

We found that the following list of principles was a useful guide for planning and carrying out effective health education strategies. We outline them here for you to consider.

1. Tailor messages and presentations to the specific group of people and the unique setting (e.g., seniors vs. homemakers).
2. Involve participants in planning, implementation and evaluation of strategies.
3. Integrate strategies aimed at changing individual behaviours with strategies targeting changes in the community (e.g., low fat food choices at community dinners).
4. Link heart health to broader factors that contribute to health and a vision of a healthier community (e.g., desire for clean air and linking this with tobacco use policies).
5. Use existing resources (e.g., community facilities).
6. Build upon the strengths found among participants and their communities (e.g., acknowledge heart healthy activities wherever possible).
7. Advocate for resources and policy changes needed to achieve desired health outcomes (e.g., no smoking policy in community hall).
8. Help develop participants to become leaders.
9. Communicate and celebrate the results of successful strategies with the whole community.[22]

Heart of the Land experience

Heart health education was a cornerstone of the **Heart of the Land** project. A specific goal of the project was to integrate heart health education adivities into existing events and programs in the rural communities. Project staff worked together with community groups by combining efforts to implement education strategies.

There were a total of 253 community awareness events during the four years of our project. These included presentations, skill development activities and displays on heart health in numerous locations. We estimate that more than 4,000 community members (this includes repeat participants) attended these heart health education activities.

Examples of Community Heart Health Education Activities

- Workshops and presentations
- Newsletters and newspaper articles
- Grocery store tours

- Recipe cards and book displays
- Heart smart cooking courses
- Fitness weeks
- "Eat For Cood Health" placemats
- "Welcome to a Heart Healthy Home" plaques
- Pamphlets
- CPR training

Heart Health Resource Group

We formed a Heart Health Resource Group in year four to support heart health education needs in the targeted communities and to help increase community action on heart health risk factors. The group included health education specialists in nutrition, active living and tobacco reduction. The Resource Group co-ordinated and compiled current information in their particular speciality area and responded quickly to community needs identified through the work of the facilitators.

We evaluated the work of the Resource Group and found that by combining community facilitation (see **Strategy 5.6**) and the heart health education roles and responsibilities, staff worked effectively and efficiently. The resource team said the community facilitators were a vital link in identifying the community needs for heart heath education. Resource Group members and facilitators agreed that if we were to do this again, it would be ideal to have this working arrangement from the beginning of the project.

Examples of Hearr Health Resource Group Activities

- Consultation to a homemaking group re: Heart Smart cooking
- Consultation on cookbook development
- Tobacco reduction displays at local shopping malls
- Women's Wellness conference presentations
- Co-ordination of a Heart Health Resource Binder (compilation of pamphlets, information sheets, reference lists and local community resources)

Key Lessons

1. A group of heart health educators are valuable in their ability to respond quickly to community needs.
2. Wellness fairs (see **Strategy 5.4**) provided a good vehicle for involving the community in heart health education.
3. Integrate heart health education into community events and programs of existing groups.
4. Use existing communication channels/ media within the community for heart health education (see **Strategy 5.7**).
5. Provide heart health education to the community on an ongoing basis.
6. Identify specific topics that community members want information on.

Potential Output and Outcome Measures for Evaluating Community Heart Health Education

OUTPUT measures you might consider:

- Number of presentations and participants
- Number of educational materials distributed
- Number of events into which heart health education was incorporated

OUTCOMES measures you might consider:

- Increased knowledge of heart health among community members
- Improved heart health behaviours among community members
- Increased integration of heart health into community activities.

STRATEGY 5.6
Facilitating Health Promotion

Facilitating Community Health Promotion

"Community development is about letting go."

"Every group experience provides some valuable learning about the facilitator's role. Some of the learning is enlightening and rewarding and some is downright frustrating!"

-project staff

In health promotion projects, the health professional has traditionally functioned in the role of the expert. As community participation and collaboration in addressing health concerns increases, health professionals must learn to work in new ways. Health professionals need to work in a new partnership with the community — transforming the professional role from "expert" to "partner" and the role of the client from "passive recipient" to "partner".[23]

The following table outlines key differences between the co-ordinator/educator role and the community facilitation role.

Heat of the Land experience

During the first three years project staff primarily carried out co-ordination and education roles. They focused on improving knowledge, skill, and behaviours of individuals by involving people in heart health activities. Leadership was provided by staff who co-ordinated the events, provided many of the resources and initiated steps toward the development of healthy public policies. As we discussed previously, the risk screening clinics (see **Strategy 5.4**) were a major activity in each of the community clusters during this time.

A new role for the health professional was introduced in the final year of the project to enhance community identified heart health activities. The co-ordinator/educator role was changed to a community facilitator role. The strategies shifted from a focus on individual health to community health. This shift resulted in placing more emphasis on involving people in decision-making, developing community leadership, building on existing knowledge and resources, and advocating for healthy public policy.

Comparison of the Roles of Co-ordinator/Educator and Community Facilitator Role

Focus	Coordinator/Educator	Community health Facilitator
Health Goals	Individual health behaviour	Community health action
Community Participation	Citizens involved in activities	Citizens involved in decision-making activities
Leadership	Provides leadership	Facilitates leadership among citizens
Knowledge/Skill Development	Coordinates education events	Builds on existing knowledge
Resources	Provides most of the resources	Uses resources within community
Healthy Public Policy	Initiates	Advocates

Principles for Facilitation in Community Health Promotion

The facilitators who worked with **Heart of the Land** were also members of a team employed for other regional health promotion activities. The team developed a set of principles to guide their practice in community facilitation. We recommend that you review this list and develop your own set of principles based on your unique experiences and circumstances.

1. Ongoing critical reflection is essential:
   This means creating an environment for learning by:
   - keeping doors to participation open
   - challenging unspoken assumptions
   - recognizing small successes, celebrating and having fun

2. Build positive relationships with people:
   This means developing trusting relationships based on:
   - honesty and integrity
   - completely shared and open communication
   - validation and affirmation of others

3. Respect the uniqueness of each community:
   This means knowing the community and starting where people are at by:
   - finding out where people are and not judging
   - recognizing, validating and building upon peoples' strengths/resources
   - focusing on and addressing inequities
   - welcoming diversity

4. Empowerment and participation are key to the process:
   This means working with not for people by:
   - supporting the community is right to make choices
   - maximizing participation in many ways
   - involving people experiencing the issue (often the voice of those not normally heard)
   - collaborating intersectorally
   - sharing decision-making/sharing power

5. Shared vision is critical to success:
   This means developing and building a common future vision among citizens of a community.

Facilitator Roles and Responsibilities

The facilitators faced several challenges. They were new to the heart project, new to the role of community facilitation, and new to the communities. The communities themselves were accustomed to the staff functioning in a coodinator/educator role. To bridge the gap between the two approaches in the final year, the facilitators needed to modify their roles to include aspects of co-ordination and education as well as facilitation. The role evolved over the course of the year but some role confusion existed for the staff and the community. More time in this role with the community would have been beneficial.

We would now recommend that project staff (a) assume the role of facilitator from the outset with a community network (see **Strategy 5.1**) to participate in guiding the process, (b) agree and clarify from the beginning the expectations of the community and the role of staff, and (c) develop a set of principles to guide practice.

Facilitating the Process

To help you work from a facilitation approach, we've drawn up a list of recommendations for facilitators. These recommendations parallel those outlined at the beginning of the handbook (see **Section 2**).

- Engage a broad representation of community members in planning and implementation. In small communities, creatively develop ways to involve people without burdening them
- Decide with the community how decisions will be made together
- Develop a communication plan to keep community members informed and receive their feedback
- Facilitate the development of a common vision for heart health
- Set out a process to assess community resources and needs
- Identify key areas of importance to the community for the focus of activities
- Plan and implement actions based on what the community wants and needs
- Encourage heart health to be integrated into existing community events
- Support leadership development and the development of other skills as needed
- Develop an evaluation plan for measuring success
- Create opportunities for discussing and acting upon feedback from community members throughout the process
- Celebrate success all along the way

We hope these recommendations give you (project organizers), facilitators and the community a work plan (some might call it a strategic plan). To fully involve the community in a project (and necessarily a process), we found that a facilitator requires a "tool kit" from which to select strategies that fit with the community's style and needs. A tool kit would include exercises and techniques for collaboration, consensus building, and strategic planning. Some of these techniques are described in the second handbook in this series.

Key Lessons

1. Organizational support must be obtained for the health (or human service) professional to work as a facilitator.
2. The role of the facilitator needs to be clearly identified at the beginning of the project.
3. Training is most often required to develop the community facilitator role. Spending time to prepare facilitators with skills in group facilitation, team building, consensus building, conflict resolution,

and other collaborative processes will pay off considerably.

4. Be prepared to guide the community through heart health strategies initially.
5. Leadership development needs to be planned from the start.
6. Establish a structure that integrates both community facilitation and heart health education roles.
7. Community facilitation requires patience, skill in listening and conflict resolution, a sense of humour, and a respect for the "community as the teacher".

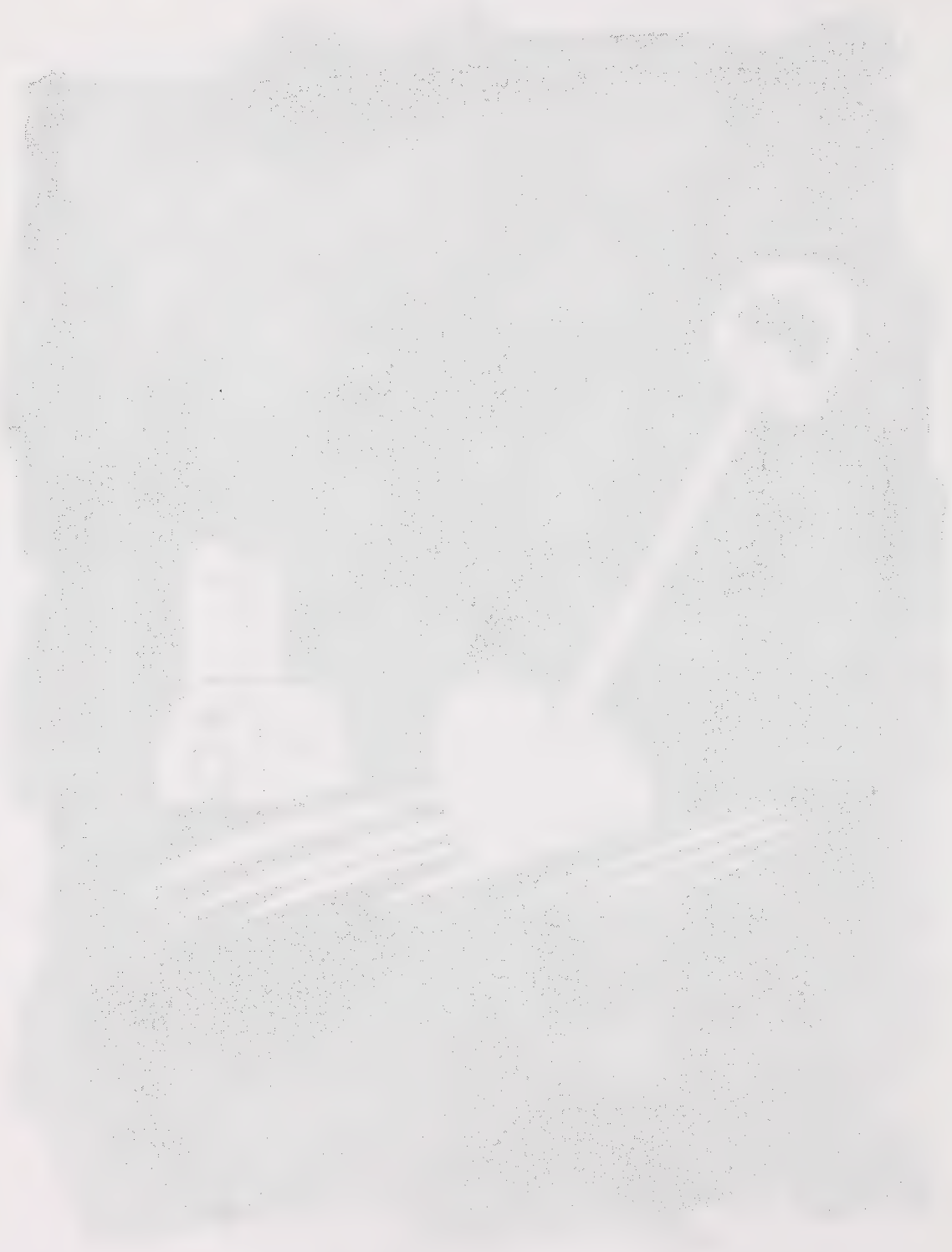
Potential Output and Outcome Measures for Evaluating the Facilitarion Role

OUPUT measures you might consider:

- Number of training sessions for facilitators
- Number of facilitated meetings

OUTCOME measures to consider:

- Increased participation of community members in planning, implementing and evaluation
- Increased ownership at community-level of health heart initiatives
- Enhanced collaboration among community members and groups to support heart health.



STRATEGY 5.7
Establishing Media Communication

Establishing Media Communication

"For advocates, the press is a grand piano waiting for a player: Strike the chords through a news story, a guest column or an editorial and thousand's will hear: Working in concert, unbiased reporters and smart advocates can make music together" [24]

Media sources, particularly radio, newspapers and community newsletters, play important roles in rural communities. We learned early in our project that media can be very influential and helpful in promoting heart health. Information can give people power, as well as knowledge. Information flow in the formal media complements the exchange of information that readily occurs through word of mouth at community events.

Use of the media can be a powerful tool in:

- Creating awareness of heart health as an important health issue
- Presenting messages on how to change personal heart health behaviours
- Profiling heart health activities in the community
- Allowing community groups to communicate their own stories of change
- Influencing healthy public policy

Heart of the Land experience

Throughout our project, we accessed media on a regular basis. The result was a total of 288 newspaper articles, 43 radio/television spots and 82 community newsletter articles printed.

Fifty-two articles (300 to 500 words each) were written on various heart health topics including healthy eating, tobacco reduction, active living, blood pressure, and stress reduction and distributed to weekly papers. Each article also featured a "Heart Health Tip of the Week" which could be inserted on its own if space was limited. These articles were camera-ready and newspapers printed them weekly or as space permitted. Newspapers continue to print these, even though the project is officially over. Copies of these articles are available by contacting the David Thompson Health Region. The address is on the inside front cover of this handbook.

Community Newsletters

Community-based newsletters distributed through Agricultural Societies, Family and Community Support Services and Village Offices are well read in our rural communities. These newsletters regularly printed information on heart health, community-based activities and inserted heart healthy tips wherever possible.

Community volunteers with these organizations came forward to co-ordinate the insertion of articles into these newsletters. This task was easily accomplished through the cooperation of the newsletter editors and the availability of camera-ready

material. The 52 camera-ready articles were extensively used in the community newsletters.

Community Newspapers

Wherever possible we created partnerships (see **Strategy 5.2**) with the local newspapers to encourage their active participation in the heart project. The editor/owner of the one small rural newspaper attended community meetings, participated in heart activities and covered local activities as much as possible. This partnership with newspaper was effective in generating sustained interest and in ensuring continuous and meaningful coverage of the heart proiect in that community. Small town papers like to profile local happenings and how these affect local people.

From time to time we paid for advertising in local newspapers. These papers are small businesses and require advertisers to survive. Our paid advertising helped to balance the contribution of free promotion given to the project by the newspapers.

We encouraged community, citizens to be active participants in the writing of articles and be interviewed by the paper. People were interviewed and told their stories of their involvement with the project. This approach personalized the heart project and highlighted heart health changes within community groups.

We found it is important to share our findings with local newspapers. Some newspapers prefer to generate their own news stories from this data. One paper printed articles on our data whenever we made it available. This strategy was not well used within the heart project and could have been used more effectively. The main problem was that risk screening data (in particular) was not readily available early on in the project.

Newspaper contests were useful in stimulating interest in heart health and getting people to participate in the project. This strategy can also privde you with some indication of readership. Newspaper contests on smoking, healthy eating and general heart health were sponsored in newspapers in four communities.

Heart of the Land Newsletter

To keep community members and project participants informed about the heart project, we developed a short two to four-page newsletter that:

- Was easy to read
- Presented heart health information
- Highlighted project activities
- Talked about shared community experiences

Distribution of the newsletter was on a quarterly basis. In your project, available resources (both human and financial) and community need will dictate whether such a newsletter is relevant. We prepared one

because our target communities were quite a distance from each other and people said they wanted to know what was going on in comunities. Therefore, we felt the newsletter from **Heart of the Land** was an appropriate strategy.

Other Agency Newsletters

Articles were submitted regularly to the health region's newsletter to keep staff apprised of project happenings. The project also received coverage in other agency newsletters (e.g., lifelong learning associations and provincial government departments). These publications were distributed throughout rural areas and provided additional vehicles for media communication.

Television and Radio

The partnerships we established with a local country music station and a farm-related television program proved effective in promoting heart health. After we approached these media, they readily profiled heart activities and the people involved. The media staff interviewed people in the communities and in the studio. Reporters covered events and actively participated in risk screening/ wellness fairs. As well, project staff gave regular interviews in order to provide updates on the project. Both media partners have a mandate to cover rural community events and demonstrated interest in the personal and community enriching experiences of the **Heart of the Land** project.

Developing Media Srategies

One of the reasons our project was successful in developing partnerships with the local media and in getting media coverage was that we developed a media strategy early in the project. Here are some questions to consider when developing a media strategy for your project:

- What is the purpose of the media communication? How does it fit in with your overall approach in a health promotion project? Who is the target of your communication? How can you involve the target audience in the planning of media messages and event coverage?
- What type of messages do you want to convey: Lifestyle information? Personal or community stories? Coverage of events? Project's impact on community? Advocacy for social change to support health?
- Know the reading or listening audience. What do they read? What are they interested in? What are all the information sources available to them?
- Is the information clear, simple, and relevant?
- How frequently do you want media communication?
- How credible are the project's spokespeople?
- How will you know if you are successful? Can your successes be evaluated? How will you do this?

Key Lessons

1. Your story must be newsworthy—describe a distinction or an accomplishment.
2. Establish media partnerships early on by getting to know reporters and fostering a positive and ongoing relationship.
3. Invite a media representative to be part of the community network on heart health.
4. Contact the media prior to an event or about an issue and let them know the 'who, what, when, why and how' of the event or issue. Follow-up after to answer questions.
5. Focus your message - keep it clear, simple, concise and easy to understand.
6. Be prepared and informed for the media. Be knowledgeable and credible about heart health or lead them to those who are.

Potential Outputs and Outcomes for Evaluating Media Communication

OUTPUT measures you might consider:

- Number of newspaper articles about heart health project
- Number of interviews with community members
- Number of media partners

OUTCOMES measures you might consider:

- Increased awareness of heart health activities in the community
- Media coverage for heart health that effectively reaches target population
- Increased participation of media representatives in planning, implementing and evaluating heart health strategies in the community

STRATEGY 5.8
Developing Support Groups

Developing Support Groups

"Social support networks can be a mediating influence on a person's self-concept as well as on the coping strategies employed by a family to resolve life events."[25]

The definition of social support that seemed to fit best for the **Heart of the Land** is "the interactions with family members, friends, peers, and health care professionals that communicate information, esteem, aid, and emotional help."[26] Evidence suggests that the interactions referred to in this definition can improve coping, moderate the impact of stress and stress-causing situations, and promote health and self-care.

Social support can be thought of as a by-product of people's interactions. It may not, however, always be accessible and can lessen over time. Social support is a significant concept when we develop health promotion initiatives because it influences health status, health behaviours and health services use.

Avenues of Social Support

In the **Heart of the Land** project, we considered five well-known avenues of social support:

- Needing information, guidance and advice
- Feeling loved and cared for
- Being able to reply on friends and sharing common interests
- Being able to get concrete help and sensing that help is near
- Knowing you have someone to confide in[27]

The need for these different kinds of supports changes over time and with life's circumstances. These avenues have been consistently reported in the social support literature over the past ten years.

Social Support Groups

Social support groups might consist of partners, friends, co-workers and health professionals. Groups may exist informally or formally in a community or may be developed for a particular reason. The focus of the group or the reason it exists may be for information or emotional support. We realize that while the availability of support through structured groups is important—it is also important that a person believes that support was available. Support can endure or fade over time depending on circumstances and the support network itself.

Rural residents rely heavily on neighbours, families and friends for help and assistance. Rural families, to a greater degree than their urban counterparts care for older rural folks. Natural networks that exist in rural communities have people that give help and seek out help at various times. Health professionals can complement these networks.

We know that the greatest influence on health behaviour is support, encouragement and role modelling by family members,

friends and co-workers. This works because these groups can provide advice and positive role models, and may help people avoid unhealthy activities. For newly created information or motivation groups to be successful, participants must be involved in their design, implementation and evaluation. Trust and credibility must be built into the group.

We believe that health professionals involved in social support groups must act in a facilitative and non-directive manner. There has to be genuine collaboration among the health professional and group members. The health professional should be a resource—sharing information and experience as an equal group member, not be the group "expert" who teaches or coerces the group members into actions or activities.[28]

Health of the Land Experience

Within the context of **Heart of the Land**, there is considerable evidence of strong social networks in the targeted rural communities. There are women's groups, quilting guilds, square dance groups and seniors' groups who get together regularly to:

- Socialize
- Engage in specific activities for individual, family and community reasons
- Talk and share information
- Support each other as well as their communities

When needed, these groups assist each other, and give emotional support in a crisis situation. When a crisis occurs in these rural communities, people rally to help in any way they can. We heard from rural communities that the social fabric had significantly changed the past few years. They believe that their communities are not as stable or self-sufficient as in the past. We heard, "people are moving in and out more frequently." These changes are impacting social networks, but there are still many opportunities for people to come together.

Did **Heart of the Land** use existing support networks or create new groups? After the project, people told us that strong social networks already existed. Their perception was that people receive and give assistance through the existing social networks. Participants said heart health was integrated into these existing social networks, for example, displays and healthy eating messages at annual community suppers, heart healthy snacks served at community meetings, and active living integrated into community square dances and line dancing at senior centres. Other examples provided were walking groups where people could talk and support each other, sharing and modifying of recipes among friends, and discussing information learned from the heart project among friends and family members.

New Groups

When it came to providing information and motivation, new support groups were formed to support and maintain healthy behaviour such as weight loss, smoking cessation, and healthy eating.

A group of nurses were trained as facilitators with a program specifically designed for rural communities by the Canadian Cancer Society to lead smoking cessation groups. These nurses advertised their programs in the community but had a poor response. We know smokers did exist in these communities and there were smokers who had indicated an interest in quitting. The poor response suggested that the smokers were not ready to quit or the program was not what they wanted—it didn't fit their needs. We concluded that potential participants needed to be involved in the planning and implementation of these programs. The motivation must come from within the community and not from the health professional if these groups are to be successful and sustainable.

Support groups were also formed to support active living. Walking groups were organized in three communities. In one community, the group received guidance from a fitness consultant. Outdoor walking is difficult to maintain all year (because of our Alberta winters), so the community hall was deemed an ideal site for walking and for socializing. In the summer, young moms pushing their baby carriages were evident on the country roads.

In another community a local senior invited others to walk with her and several joined in on the fun. In yet another, a few local seniors got together to walk on a regular basis. People told us that they benefited from the exercise and the social interaction at the same time and this helped build their commitment. In other communities people are walking but not in organized groups. One group of women told us they get together to walk and to pick up garbage in the ditches to keep their community clean!

Key Lessons

1. Validate the need for support groups with community members. Ask those who are interested what they want. Listen to their needs.
2. Involve community members in the planning, implementation and evaluation of support groups.
3. As a health professional, work in a collaborative way with members of the group. Be a partner rather than the "expert"
4. Plan good group process that provides an environment conducive to sharing and to support each other.
5. Take time for reflection to find out if people's needs are being met and if people feel comfortable in asking for help and offering to help within the group.

Potential Outputs and Outcomes for Evaluating Support Groups

OUTPUT measures you might consider:

- Number of new support groups
- Number of existing support groups that integrate heart health
- Number of people who participate in a support group

OUTCOMES measures you might consider:

- Increased opportunity for community members to get together and support each other
- Increased involvement of support group members in planning, implementing and evaiuating activities
- Increased knowledge of social supports available in comm unities.

STRATEGY 5.9
Advocating for Heart Healthy Public Policy

Advocating for Heart Healthy Public Policy

"Advocacy can help to reframe health issues to increase community support and mobility community action to change policies affecting health."[29]

Traditionally people have been provided with health information to get them to **beat the odds** in disease prevention and to foster wellness. Healthy public policy development is about making the case for people to **change the odds** so they can make healthy choices in their surroundings and communities.

Healthy public policy is based on affecting the health of the population not just individuals. It's about building supportive environments in communities rather than reducing risk of disease in individuals. This is a significant shift in emphasis and means that different approaches are necessary to achieve success. Healthy public policy is about achieving a healthy society.

Developing Healthy Public Policy

Healthy public policy is about developing a participatory process. The community as a whole needs to be involved from the beginning and not just at the end. Experience tells us people are often invited to participate when most decisions have already been made.

Input from all those who will be impacted by the policy needs to be sought. This takes time; however, the investment in time will pay off with increased buy-in and ownership of the policy.

There must be commitment to a process of change that involves leadership not only from the top down but also from the bottom up. This means that the health professional can't force policy change. The role of the health professional should be an advocate providing information and support.

A community facilitation approach (see **Strategy 5.6**) is critical. Conflict is inevitable in the process and the path can be difficult to arrive at the point where all stakeholders support policy change.

Communication is vital. Participants in the policy development process need to have access to background information and rationale for policy change. They also need to be able to freely and openly communicate about issues with each other. A strategy needs to be developed to communicate the policy to all members of the community. If this step is overlooked the policy may be blocked.

Creation of a shared vision will shape the direction that healthy public policy will take. This fosters participation, ownership and commitment to the policy.

Healthy public policy development is about empowerment and ensuring that those

involved have the power and ability to make decisions. Active participation, communication and collaboration facilitate empowerment.[30]

Heart of the Land experience

In **Heart of the Land**, healthy public policy development occurred at two levels. First, at the broad community level and secondly, within community organizations.

One example

In one town, we offered support for a by-law change to designate public places as smoke-free and limit the number of seats for smokers in restaurants. This was an interesting process to follow as one person spearheaded this policy. The process was difficult for a number of reasons. Initially, she ran into trouble because she didn't actively engage all the affected stakeholders. Because she didn't involve these people, there was no shared vision of what the change would bring and therefore there was little community buy-in.

In the case described above, long time residents (both smokers and non-smokers) didn't support the policy at first. The resistance was eventually overcome by (a) providing information on second hand smoke and health, (b) involving all stakeholders, (c) fostering an appreciation for an environment that supported healthy choices, and (d) supporting the desire to have a smoke-free environment for children. Once these steps in the process were taken there was agreement that the by-law be passed. As a result of their success, this community is now looked upon as a role model for other rural communities.

The Tobacco Reduction Specialist with the Heart Health Resource Group (see **Strategy 5.5**) offered consultation to local worksites in the development of smoke-free policies. Healthy public policy development often involves many sectors and as an example of this, we worked collaboratively with worksites by providing information and offering examples of policy development that have worked elsewhere. One consultation involved our own workplace, the David Thompson Health Region, where a smoke-free policy was implemented in all 23 facilities.

Project staff also offered support for a proposed federal government bill that was a blueprint for tobacco control in Canada. The tobacco reduction specialist was instrumental in a local campaign of letter writing, news articles, letters to the editor, and media interviews to bring attention to this bill. She obtained co-operation of several other agencies, health professionals and politicians in gathering support for the passing of this Bill.

Another Story

An interesting situation arose in one community. At a meeting of the agricultural society (a strong and influential community

group) the executive voted to approve the community hall as a smoke-free facility. No one was present from the heart project but this vote came about as a result of the project's presence in the community.

A few meetings later the executive overturned the earlier decision and allowed smoking in the facility once again. Groups who booked the hall could specify events to be smoke-free. However, this was not the same as having a policy in place that stipulates that the well-used gathering place in the community be smoke-free.

As we reflect back on this, the problem arose because the steps we previously outlined were not followed. Policy change had been discussed only among a few community members and a well-designed process to ensure successful healthy public policy development was not implemented. All stakeholders were not consulted, no collective vision for a better future was created, and there was little collaboration between the community and the project staff. Communication was stifled and the decision-makers were not provided with steps for the successful development of an effective healthy public policy. As a result there was conflict. People were upset, and there was confusion in the community.

The policy allowing smoking in the hall remained in effect until the end of the project. However, in discussion with community leaders after the project, it appears that the agricultural society is going to revisit the policy decision. Members have incorporated the steps for successful policy development and are more confident that a sustained smoke-free policy will be approved.

Success Stories

There were many examples of communities that incorporated policies supportive of heart health at their functions or in their facilities. Heart healthy menus and snacks and smoke-free environments are good examples. We received many comments from project Participants:

"This project gave us the backbone to say 'No Smoking' at community suppers."

"All seniors' functions are now, smoke-free in the town."

Five community groups were acknowledged for their efforts as part of World No Tobacco Day. Their accomplishments included non-smoking policy in the arena, in a club, and at meetings.

The heart project participants living in one community were successful in getting the county to change the size of the gravel it put on town streets. You are probably asking what the connection is? A project participant explained,

"The town was putting large gravel on the streets which was difficult to walk on. With a little protest, they (the county) changed what

they were putting down. It is now much easier to walk and more people can walk."

Key Lessons

1. Create a shared vision as to what the policy will do to achieve better health in the community. How will it make the community a healthier place?
2. Spend time to design a process to get community buy-in.
3. Involve all the stakeholders—those that will be for and those that will be against.
4. Ensure all stakeholders are involved in decision-making.
5. Facilitate open communication and shared information among stakeholders and with the community-at-large.
6. Plan for and resolve conflict as it arises.
7. Communicate the benefits by sharing the vision of the policy.

Potential Outputs and Outcomes for Evaluating Healthy Public Policy Development

OUTPUT measures you might consider:

- Number of new policies implemented
- Number of policies changed
- Number of smoke-free buildings, restaurants, events, etc.

OUTCOME measures to consider:

- Increased community participation in the development of public policies
- Heightened perception among community members that they are able to influence public policies

SECTION 6

CHOOSING STRATEGIES AND SUSTAINING YOUR EFFORTS

Choosing Strategies and Sustaining Your Efforts

So now you've had a chance to learn about the strategies we implemented in the **Heart of the Land** project or now recommend that you consider. As you may recall from **Section 2 - STARTING POINTS**, we suggested that you do some preliminary work or brainstorming about the type of project you'd like to see in your community. Now it's time to firm up your plans and identify what would make your project successful. We recommend that you consider these points when developing your project plans:

1. Choose strategies that are clearly linked to your vision, mission and desired outcomes. This means clearly identifying if you aim to influence individuals' knowledge and behaviour and/or the community environment.
2. Don't take on too much. Think big, but start small.
3. Ensure that your vision, mission and desired outcomes are easy to understand and easy to communicate to others.
4. Focus on ways to talk about and describe benefits and/or changes. We have provided examples of potential outcome measures throughout **Section 5 - THE STRATEGIES**.
5. Identify outcome measures that are easy to collect and are most meaningful.
6. Outcome measures are important to:
   - modify strategies to keep the project on track
   - match available resources to selected strategies
   - gain and renew support from professionals, volunteers, partners and community network
   - communicate results and successes for sustaining momentum.
7. Find expertise to collect information necessary for outcome measures if you feel unsure of this step.
8. Keep your data collection of outputs to a minimum. Although these are important to demonstrate what you are doing, they don't tell you about what's changing, improving, or getting better.
9. Look for and use existing groups of people in your community to ask about things they notice that are different. Ask people to tell you stories, or better yet get them to write them down for all to read.
10. Consider carefully the questions you ask people. Do the questions clearly link to and provide answers that will let you describe out comes?
11. When compiling answers, be careful to use the words used by community members. This will help you to avoid placing your own bias or perceptions on the results. Look for themes or common perceptions.
12. Report the outcomes to all people involved as quickly as possible. Then shout them to the larger community.
13. Put into place a clear process for continuous discussion about how things

are going in the project. For example:

- discuss how strategies are received in the community
- reflect on expectations (or outputs)
- reassess resources (or inputs)
- revisit vision and mission from time to time
- take time at each meeting to find out from people how they see the project going
- don't be afraid to change strategies and direction mid-stream.

Final Thoughts

Good luck and have fun!

We have provided you with some concrete information on a variety of heart health strategies, some key lessons learned and recommendations, and possible ways for measuring success.

Now it's your turn.

SECTION 7
GLOSSARY

Glossary

A Fair of the Heart—heart risk screening clinics with strong health education and social components that were held at a community hall or school in the rural target area.

Agricultural Society—a municipally and provincially funded community group that provides rural infrastructure and programs.

Champion—someone who is interested and committed to advocating on behalf of heart health.

Coalition—consists of representatives from a variety of organizations with an interest in working to accomplish a goal that would otherwise be difficult to achieve individually.

Community capacity—the ability of the community to work together to effectively take action on its unique health concerns.

Community mobilization—a process where project staff work with community members and groups to reduce risk behaviours and improve lifestyle.

Community network—an organized group of people in a community who have come together for a common purpose to plan, implement and evaluate a health promotion initiative.

Empowerment—enabling process through which individuals and communities take control over their lives and their environments.

Facilitator—a person who designs and guides a process to involve people in decision-making, develops community leadership, builds on existing resources and advocates for healthy public policy.

Family and Community Support Services (FCSS)—provincially and municipally funded preventive social services that are unique to Alberta. Most cities, towns and municipal counties have a board and a co-ordinator and together they identify community needs and fund programs and services to address those needs.

Heart of the Land—one of four research demonstration sites in the Alberta Heart Health Project (1993 to 1997); part of the Canadian Heart Health Initiative.

Input—all the resources (including human and financial) that are available and allocated to a project or initiative.

Intersectoral—different organizations, networks, and groups within a community coming together for a common purpose.

Intervention—another word for strategy; however, can be described as a specific plan or activity.

Media—mass communication, particularly newspaper and broadcasting.

Outcome—the change or benefit that results from the project or initiative.

Output—the results of a project or initiative that are reported in terms of amounts.

Partner—someone (person or group) who collaborates with others to combine resources to support a project.

Process—the way in which things get done.

Resource group—a group of health professionals who work together in supporting the health education needs of a community.

Risk screening—the personal assessment of physical measures (e.g., body weight and blood pressure) and behaviours (e.g., smoking, physical activity) to determine risk of heart disease.

Sociocultural characteristics—people's actions, values and beliefs.

Stakeholder—an individual or group that has a stake or interest in the results of community action.

Strategy—a general description of the type of activities that you plan to implement in order to work toward a vision or goal.

Supportive environment—conditions that are created to support healthy choices (e.g., smoke-free restaurants and low-fat snack foods at community meetings).

Sustainability—the ability to carry on and support action.

Vision—a clear and compelling picture of a preferred future.

SECTION 8
REFERENCES

References

1. United Way of America. (1996). Measuring program outcomes: A practical approach. Alexandria, VA: United Way of America.

2. Joffres, M. Titanich, K. & Hessel, P. (1993). The Alberta heart health survey: Methods and results. Canadian Journal of Cardiology, 9(4), 300-308.

3. Freudenberg, N., Eng, E., Flay, B., Parcel, G., Rogers, T., and Wallerstein, N. (1995). Strengthening individual and community capacity to prevent disease and promote health: In search of relevant theories and principles. Health Education Quarterly, 22(3), 290-306.

4. Lee, H. (1990). Definitions of rural: A review of the literature. Rural Health Care, 12(1), 7-20.

5. Bushy, A. (1990). Rural determinants in family health: Considerations for community nurses. Family and Community Health, 12(4), 29-38.

6. Ellis, J. & Gordon, P. (1991). Farm family mental health issues. Occupational Medicine, 6(3), 493-503.

7. Bushy, A. (1990). Rural U.S. women: Traditions and transitions affecting health care. Health Care for Women International, 11, 503-513.

8. Thompson, D. (1998). Final report of *Heart of the Land*: An Alberta heart health project. Red Deer, AB: David Thompson Health Region.

9. Wandersman, A, Goodman, R. & Butterfoss F. (1997). Understanding coalitions and how they operate. In M. Minkler (Ed.), Community organizing and community building for health (p. 263). New Jersey: Rutgers University Press.

10. Feighery, E. & Rogers, T. (1990). Building and maintaining effective coalitions: How-to guides on community health promotion. Palo Alto: Health Promotion Resource Centre, Stanford Centre for Research on Disease Prevention. In L. Green & M. Kreuter. (1991). Health promotion planning, an educational and environmental approach (2nd ed.)(p.271). Toronto, ON: Mayfield.

11. Wandersman, A., Goodman, R. & Butterfoss F. (1997). Understanding coalitions and how they operate. In M. Minkler (Ed.), Community organizing and community building for health (p.262-263). New Jersey: Rutgers University Press.

12. Cohen, I., Baer, N., & Satterwhite, P. (1993). Developing effective coalitions: An eight step guide. Pleasant Hill, CA: Contra Costa County Health Services Department Prevention Program.

13. Kotani, N. & Goldblatt, A. (1994). Alberta: A haven for health promotion. In A. Pederson, M. O'Neill, & I. Rootman. Health promotion in Canada: Provincial, national and international perspectives (p.175). Toronto ON: W.B. Saunders Canada.

14. Goeppinger, J. (1993). Health promotion for rural populations: Partnership interventions. Community Health, 16(1), 1-10.

15. The Healthcare Forum Leadership Centre & The National Civic League. (1993). Module 2: Catalyzing the community of the healthier communities action kit. San Francisco, CA: The Healthcare Forum.